

Burbank Police Department

YOUTH ACADEMY APPLICATION

Applicant's Name _____
Last First MI

Address _____
Street Apt No.

City State Zip

School _____ Grade _____
Counselor

Phone _____
Home Work

Date of Birth _____
Month Day Year

Sex SS# DL#

Emergency Contact _____
Name Phone Relationship

T-Shirt Size: (Please Circle) XL L M S

Are you taking Youth Academy for ROP credit? Yes ____ No ____

How did you hear about the Burbank Police Youth Academy?

PERMISSION TO CONDUCT A BACKGROUND INVESTIGATION

As an applicant for the Burbank Police Department Youth Academy, I hereby authorize the Burbank Police Department to conduct a criminal history background investigation, including convictions, pending charges, and outstanding warrants. I understand that this criminal history check is being conducted due to the nature of the classes given at the Police Youth Academy. I understand that all available police and criminal records will be checked and that the information will be used solely in determining eligibility of applicants for the Youth Police Academy. All information is to remain confidential as required by state and federal statutes.

Signature of Applicant _____ Date _____

Signature of Parent or Guardian _____ Date _____

(Over)

Please state below why you are interested in attending the Burbank Police Department Youth Police Academy (use additional paper if necessary).

Describe any community involvement activities in which you have participated.

In our effort to better serve and represent the community, the Youth Academy is interested in knowing as much as possible about our applicant pool. We would appreciate it if you would provide the following information to help us evaluate our outreach efforts. This portion is optional.

Age:

Circle one 14 15 16 17

Please mail completed application to:

**Burbank Police Department
ATTN: COPS Bureau
Community Resource Officer
200 North Third Street
Burbank CA 91502**